



ASTHO MILLION HEARTS: MAKING A DIFFERENCE IN HYPERTENSION CONTROL IN MINNESOTA

MINNESOTA DEPARTMENT OF HEALTH

Million Hearts in Action

[Strategies for Achieving Million Hearts Goals]



Hypertension affects one in three U.S. adults. When blood pressure is high, individuals are four times more likely to die from a stroke and three times more likely to die from heart disease. Yet, only about half of the people with high blood pressure have it under control. To tackle these issues, the Minnesota Department of Health launched an initiative to use a team-based approach to enhance health clinics' abilities to identify and manage patients with hypertension.

[Fast Facts]

- The project wove together the use of electronic data; standardized practices and clinical intervention in four clinics.
- Joining the Department of Health, the project partners were the Carlton-Cook-Lake-St. Louis County Community Health Board; Duluth Family Medicine Clinic; P.S. Rudie Medical Clinic; Essentia Deer River Clinic; Riverwood Healthcare Center; and Stratis Health.

“The clinics and local public health, they jumped in feet first, all to see positive results. That’s the goal. You want the best patient care.”

- Mary Jo Mehelich, Health Systems Improvement Specialist, Heart Disease & Stroke Prevention Unit of the Minnesota Department of Health

[What We Did]

- To measure clinic performance, we supported the implementation of the National Quality Forum’s Measure 18, (NQF 18), which measures the percentage of patients 18- to 85-years-old who have a hypertension diagnosis and whose pressure was under control (<140/90).
- We helped clinics and their staffs develop a process to pull the NQF 18 data and identify patients with undiagnosed hypertension.
- We piloted the NQF 18 measure in four clinics, and those clinics used their Electronic Health Record systems to identify patients with hypertension and to establish baseline and post-project NQF 18 measures.



[What We Accomplished]

- Clinics experienced a 4.2 percent positive change; which means an additional 547 patients have their blood pressure under control.
- Three clinics pulled and reported data on patients with undiagnosed hypertension, identifying 1,361 more patients.
- Clinics now have a standard process to pull NQF 18 data from their EHR reports and identify hypertension patients who have gone under the radar.
- There are 18 new protocols addressing accurate blood pressure measurement, treatment, home monitoring, follow-up and referrals.
- Two of the clinics with the same EHR vendor developed a process for documenting counseling for healthy lifestyle changes as retrievable structural data.
- Some clinics are using health coaches and others are using a care team model, including care coordinators, to manage blood pressure.

“Working with local public health has strengthened the relationships with the state health department and local public health and the clinics.”

- Mary Jo Mehelich

[What We Learned]

- Change can happen quickly!
- Have clear objectives when starting practice facilitation, but leave room for the practice to develop their own evidence-based policies and protocols.
- The learning collaborative was well received and clinics liked learning from and sharing with each other.
- Provide resources and examples of policies and provide the information at multiple times if needed, but don't overwhelm with too much information at one time.
- Develop a clinic grant team and meet regularly with them - engagement of a team was more successful than only having one grant coordinator from the clinic involved.
- Having the clinic grant team regularly share information with the rest of the clinic's providers and staff was effective in overall clinic outcomes and sustainability.
- Incentives to help offset costs and time of clinic staff to be involved in change was appreciated and can be the deciding factor for some clinic's involvement.
- Sometimes there are challenges in time and personnel restraints of a busy practice and in attitudes of “we just can't do this; we don't have the staff.”
- Bureaucracy within public health systems and large health care systems can be a challenge in getting contracts in place.



[What We Are Doing Now]

The project was funded for an additional year and is now working with a total of six clinics throughout Minnesota to continue standardizing their protocols and pulling the NQF data. Eventually, program administrators hope to take the best practices and lessons learned to create a model that can spread to other clinics and local public health agencies.

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